

Law Offices of
SENNIGER POWERS

One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102

Telephone (314) 231-5400
Facsimile (314) 231-4342

RECEIVED
CENTRAL FAX CENTER
FEB 06 2006

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 2/6/06 FILE NUMBER: BTEC 9682.1

PTO FACSIMILE NUMBER: 571-273-8300

PLEASE DELIVER THIS FACSIMILE TO: Mail Stop RCE
THIS FACSIMILE IS BEING SENT BY: Richard L. Bridge
NUMBER OF PAGES: INCLUDING COVER SHEET


TIME SENT: 4:10 PM OPERATOR'S NAME Michelle

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.

Michelle Grindstaff

Typed or printed name of person signing certification


Signature2-6-06
DateType of paper transmitted: Amendment A; Request for Continued
Examination

Applicant's Name: Joel J. Kampa et al.

Serial No.: 10/814,363 Examiner: K. Jastrzab

Filing Date: 3/31/2004 Art Unit: 1744 Confirmation No.: 7746

Application Title: APPARATUS AND KIT FOR GENERATION OF CHLORINE
DIOXIDE GAS

IF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/814,363
Filing Date March 31, 2004
Inventor(s) Joel J. Kampa et al.
Examiner Name Krisanne M. Jastrzab
Attorney Docket Number BTEC 9682.1

Art Unit 1744
Confirmation No. 7746

RECEIVED
CENTRAL FAX CENTER

FEB 06 2006

☒ Applicant claims small entity status.

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ ____ = \$ 0.00
(Application + Drawings) (round up to whole #)


Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

- ☒ Three month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☒ Other: Request for Continued Examination

Subtotal (4) \$ 905.00

TOTAL AMOUNT OF PAYMENT \$ 905.00


Richard L. Bridge
Reg. No. 40,529

2/6/2006
Date
Telephone: 314-231-5400

RLB/tmg

Via Facsimile 571-273-8300